

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P530: MEGA Life & Health Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 81,434
Services Submitted: 81,434

Source File: P530_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	3,453	6,838	98.0	19,804	41,626	110.2	4,641,539	8,835,835	90.4
4: Indemnity Care	14,315	4,938	-65.5	137,986	33,916	-75.4	22,769,190	7,062,017	-69.0
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)	6,758	2,968	-56.1	26,892	5,892	-78.1	3,062,397	1,297,644	-57.6
Total	17,364	12,322	-29.0	184,682	81,434	-55.9	30,473,126	17,195,496	-43.6

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	17,249	12,241	-29.0	183,397	80,810	-55.9	30,201,206	17,039,720	-43.6
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	115	81	-29.6	1,285	624	-51.4	271,920	155,776	-42.7
Total	17,364	12,322	-29.0	184,682	81,434	-55.9	30,473,126	17,195,496	-43.6

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	17,364	12,322	-29.0	184,682	81,434	-55.9	30,473,126	17,195,496	-43.6
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured									
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	17,364	12,322	-29.0	184,682	81,434	-55.9	30,473,126	17,195,496	-43.6

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.